

## Educational Gratuity

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**Purpose:**

Educational Gratuity provides financial assistance (up to \$500 per semester/term) to children of honorably discharged veterans who have wartime service-connected disabilities or who died in service during a period of war or armed conflict.

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**Eligibility Requirements:**Veteran's Criteria:

1. Killed in action or died in service as a result of wounds incurred in service during a period of war or armed conflict or as result of hostile fire or terrorist attack during peacetime, as determined by the Department.
2. Honorably discharged and have a 100% service-connected disability or died as a result of wounds incurred during a period of war or armed conflict or as a result of hostile fire or terrorist attack during peacetime, as determined by the Department.

Child's Criteria:

1. Between the ages of 16 and 23.
  2. The child of an eligible disabled or deceased veteran.
  3. A resident of this Commonwealth for five (5) years immediately preceding the date the application was filed.
  4. Attending an approved educational institution in Pennsylvania.
  5. Demonstrates a financial need for the gratuity.
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**Required Documentation:**

1. Copy of state issued birth certificate for applicant.
  2. Proof of Identification (driver's license, voter registration, Military ID card, etc.).
  3. DD Form 214 (Certificate of Release or Discharge from Active Duty) – Needed to verify wartime service.
  4. Form MA-VA 3288 E (pre-filled release of information form) and/or VA Code Sheet.
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**Payments:**

Payments will not exceed \$500 per term or semester per qualified child. Payments are paid directly to the approved educational institution upon proof of matriculation of the applicant and may not be made for longer than four (4) scholastic years.

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**Instructions:**

Application must be fully completed. Every blank must have an entry or the application will be returned. A determination cannot be made until all required information is provided.

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**Privacy Act Statement:**

The information requested on this form includes the applicant's Social Security Number. This information is solicited under 51 Pa. C.S. 8703. It will be used for routine uses within the Department of Military and Veterans Affairs and may also be disclosed to other state, federal or local agencies as required to process the application. Disclosure is voluntary but if the information is not provided we may not be able to process your application.

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**Legislation:**

Statute: 51 Pa C.S. Ch 87, Procedures: 43 Pa Code § 5.11

# Educational Gratuity Application

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## SECTION I – APPLICANT INFORMATION

1. Name of Applicant  (Last)  (First)  (MI)
2. Home Address  (Street)  
 (City)  (State)  (Zip Code)  (County)
3. Date of Birth  mm/dd/yyyy 4. Social Security No.
5. Day Phone  -  Evening Phone  -
6. Was the applicant a resident of the Commonwealth of Pennsylvania five years prior to the application date? Yes  No

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## SECTION II – VETERAN FAMILY INFORMATION

1. Name of Veteran Parent  (Last)  (First)  (MI)
2. VA Claim No.  3. Veteran's Social Security No.
4. Status of veteran parent (Check one):  100% service-connected disabled  Deceased
5. Is the death or 100% disability a result of war, armed conflict, or a result of peacetime hostile fire or terrorist attack?  Yes  No
6. Date entered service  mm/dd/yyyy 7. Date discharged  mm/dd/yyyy
8. Name of veteran's spouse  (Last)  (First)  (MI)

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## SECTION III – SCHOOL INFORMATION

1. Complete name of educational institution
2. Address of educational institution  (Street)  
 (City)  (State)  (Zip)
3. Date of entry  mm/dd/yyyy 4. Tentative graduation date  mm/dd/yyyy
5. If course is less than a year, provide number of months for completion
6. I will be living (check one) :  At Home  On Campus

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**SECTION IV—REQUIRED DOCUMENTATION**

Please attach the following verification to your application:

1. Copy of state issued birth certificate for applicant.
2. Proof of Identification (driver’s license, voter registration, Military ID card, etc.).
3. DD Form 214 (Certificate of Release or Discharge from Active Duty) – Needed to verify wartime service.
4. Signed copy of Form MA-VA 3288 E and / or VA Code Sheet.

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**SECTION V—RELEASE OF INFORMATION**

I hereby authorize educational or training institution; U.S. Dept. of Veterans Affairs or Pennsylvania Higher Educational Assistance Agency to release to the Office of the Deputy Adjutant General, Veterans Affairs all requested information pertaining to expenses incurred or benefits to which I may be entitled. It is understood that the information provided will be considered confidential and used only for determining eligibility for Educational Gratuity.

(Signature of Applicant)

(Date of Authorization)

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**SECTION VI – AFFIDAVIT**

**READ THIS NOTICE BEFORE SIGNING**

By signing this application, the applicant certifies that the information provided is true and correct to the best of his knowledge, information and belief. The law provides severe penalties including fines and imprisonment for making false statements on official forms such as this Application for Exemption from Real Property Taxes. I understand that this verification is made subject to the penalties of 18 Pa C.S.A. § 4904 pertaining to unsworn falsification to authorities.

**THIS AFFIDAVIT MUST BE SIGNED BY THE APPLICANT:**

Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Claimant: \_\_\_\_\_

Processed By: \_\_\_\_\_  
Signature of County Veterans’ Affairs Director or Designated County VSO

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The law provides severe penalties including fines and imprisonment for perjury or making false statements on forms such as this application for educational gratuity. In addition, it is a crime for a person to make false or misleading statements in order to obtain property, including educational gratuity payments.  
(Ref 18 Pa. C.S. § 4107, and Ch. 49)



**Department of Veterans Affairs**

**REQUEST FOR AND CONSENT TO RELEASE OF INFORMATION FROM CLAIMANT'S RECORDS**

**Privacy Act Statement:** The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, United States Code, and will authorize release of the information you specify. The information may also be disclosed outside VA as permitted by law to include disclosures as stated in the "Notices of Systems of VA Records" published in the Federal Register in accordance with the Privacy Act of 1974.

**RESPONDENT BURDEN:** VA may not conduct or sponsor, and respondent is not required to respond, to this collection of information unless it displays a valid OMB Control Number, The Privacy Act of 1974 (5 U.S.C. 552a) and VA's confidentiality statute (38 U.S.C. 5701 as implemented by 38 CFR 1.526 (a) and 38 CFR under any other provision of law. The information requested is approved under OMB Control Number 2900-0025 and is necessary to ensure that the statutory requirements of the Privacy Act and VA's confidentiality statute are met.

Responding to this collection of information is voluntary. However, if the information is not furnished, we may not be able to comply with your request. Public reporting burden for this collection of information is estimated to average 7.5 minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (045A4, 810 Vermont Avenue, NW, Washington, DC 20420) SEND COMMENTS ONLY. DO NOT SEND THIS FORM OR REQUESTS FOR BENEFITS TO THIS ADDRESS.

<b>TO</b>	<b>Department of Veterans Affairs</b>	<b>NAME OF VETERAN</b> (Type or print)	
		<b>VA FILE NO.</b> (Include prefix)	<b>SOCIAL SECURITY NO.</b>

NAME AND ADDRESS OF ORGANIZATION AGENCY, OR INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

**Office of the Deputy Adjutant General for Veterans Affairs**  
**Department of Military and Veterans Affairs**  
**Building S-0-47, Ft Indiantown Gap**  
**Annville, PA 17003-5002 Phone 1-800-547-2838**

**STUDENT'S NAME:** \_\_\_\_\_

**VETERAN'S REQUEST**

I hereby request and authorize the Department of Veterans Affairs to release the following information from the records identified above to the organization, agency, or individual named hereon:

NAME  
 Pennsylvania Veterans Affairs (010)

INFORMATION REQUESTED (Number each item requested and give the dates or approximate dates - period from and to - covered by each.)

**THIS SECTION TO BE FILLED OUT BY U.S. DEPARTMENT OF VETERANS AFFAIRS**

10 Discharged under Honorable conditions? YES NO

~~11~~ Meets on of the following criteria (Please check one)

- a. Died in service during a period of war or armed conflict.  
 Killed in Action or died in service as a result of wounds incurred during hostile fire or terrorist attack during peacetime.
- c. 100% Disabled Veteran (does not include I.U.) as a result of service during a period of war or armed conflict or as result of hostile fire or terrorist attack during peacetime.
- d. Died as a result of a servie-connected disability incurred during a period of was or as a result of hostile fire or terrorist attack during peacetime.
- e. Does not meet any of the above criteria.

3. Has the applicant applied for Chapter 35 Benefits under Title 38 of the U.S. Code? YES NO

4. **Please provide a copy of the veteran's code sheet, and a copy of the Dependent BIRLS screen.**

PURPOSE (S) FOR WHICH THE INFORMATION IS TO BE USED.  
 Pennsylvania Educational Gratuity Program determination  
 (Veteran Benefit under Title 51, Pa.C.S.)

**MA-VA 3288 E (2017)** all other versions are obsolete

*NOTE: Additional information may be listed on the reverse side of this form.*

**SIGNATURE OF INDIVIDUAL OR PERSON AUTHORIZED TO SIGN FOR INDIVIDUAL** (Attach authority to sign, e.g., POA)

**DATE**